



Web Site: <http://evans.carson.amedd.army.mil/Peds/index.htm>

PEDIATRIC CLINIC PATIENT EDUCATION HANDOUTS

Ringworm of the Scalp (Tinea Capitis)

Description

- Round patches of hair loss that slowly increase in size
- A black-dot, stubbled appearance within the bald spots of the scalp from hair shafts that are broken off at the surface (Note: The dots are blond in blond-haired children.)
- Sometimes scaling on the scalp
- Mild itching of the scalp
- Sometimes ringworm on the face (a ring-shaped, pink rash with a raised border and a clear center).
- Children who get ringworm of the scalp are usually 2 to 10 years old.

Cause

Over 90% of the cases of ringworm of the scalp are caused by *Trichophyton tonsurans*, a fungus that infects the hairs and causes them to break. A worm does not cause ringworm.

Ringworm is usually transmitted by other children who are infected. Combs, brushes, hats, barrettes, seat backs, pillows, and bath towels can transmit the fungus.

Less than 10% of cases are caused by a fungus from infected animals, such as kittens and puppies. The animal-type of fungus causes more scalp irritation, redness, and scaling. If your child has the animal-type of fungus, he is not contagious to other children.

Expected Course

Ringworm of the scalp is not dangerous. Without treatment, however, hair loss and scaling may spread to other parts of the scalp.

Some children develop a kerion, which is a boggy (soft), tender swelling of the scalp that can drain pus. Kerions are an allergic reaction to the fungus. They get better when you use antifungal medicine.

Hair normally grows back 6 to 12 months after treatment. In the meantime, your child can wear a hat or scarf to hide the bald areas.

Treatment

1. Oral antifungal medicine

The main treatment for ringworm of the scalp is griseofulvin taken orally for 8 weeks. Give the dosage prescribed by your physician. Griseofulvin comes in a 125-mg-per-5-ml suspension and 250-mg capsules. This medicine is best absorbed by the stomach if your child takes it with fatty foods such as milk or ice cream. Shake the bottle well each time before you use it.

Most antifungal creams or ointments are not an effective treatment because they can't reach the fungus deep in the hair roots. Lamisil (terbinafine) cream has been shown to have some effect on scalp ringworm.

3. Contagiousness

Ringworm is mildly contagious. In the days before antifungal medications, about 5% of children in contact with an infected child at school became infected. However, 25% of siblings (close contacts) acquired ringworm. After your child has started taking griseofulvin and his hair has been treated with Lamisil once,

he is not contagious and can return to school. Warn your child not to share combs, brushes, hats, etc. Siblings with an itchy scalp or scalp rash should be examined. Pets with a skin rash or sores should be examined by a vet.

4. **Common mistakes**

It is not necessary and it can be psychologically harmful to shave your child's hair, give him a close haircut, or force him to wear a protective skull cap.

5. **Follow-up appointment**

In 6 weeks return to your physician's office to be certain the ringworm has been cured. If the ringworm is not yet cured, your child will need to take the griseofulvin for longer than 8 weeks.

Call Your Child's Physician During Office Hours if:

(526-7653 during duty hours)

- The area with ringworm looks infected with pus or a yellow crust.
- The ringworm continues to spread after 2 weeks of treatment.
- You have other questions or concerns.